PATENT APPL	CATION FEE DE	TERWINATION 100 100 100 100 100 100 100 100 100 10	on recap	RD (	B/9	19	Wek	7
CLA	SWALL	7		OTHER	-			
	(Column 1)		mn 2)	TYPE		OR	SMALL	ENTIT
FOR	NUMBER FILED	NUMBER	EXTRA	RATE	FEE		PATE	FRE
BASIC FEE					380.00	OR		₹60.C
TOTAL CLAIMS	5-2 minus 2		2	X\$ 9=		OR	X\$18=	520
INDEPENDENT CLAIMS	19 minus 3	= 16		X39=		OR	X78=	170
MULTIPLE DEPENDENT	R NUMBER FILED NUMBER EXTRA  SIC FEE  TAL CLAIMS  52 minus 20= *  EPENDENT CLAIMS  Minus 3 = *  CLAIMS AS AMENDED PART II  (Column 1) (Column 2) (Column 2)  CLAIMS AS AMENDED PART II  (COlumn 1) (Column 2) (Column 2)  (Column 1) (Column 2) (Column 2)  (Column 3) (Column 2) (Column 2)  FIELD PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (COlumn 3) (Column 2) (Column 2)  (Column 4) (Column 2) (Column 2)  (Column 5) (Column 2) (Column 2)  (Column 6) (Column 7) (Column 8)  (Column 7) (Column 8) (Column 8)  (Column 8) (Column 8) (Column 8)  (Column 8) (Column 8) (Column 8)  (Column 1) (Column 8) (Column 8) (Column 8)  (Column 1) (Column 1) (Column 8) (Column 8)  (Column 1) (Column 8) (Column 8) (Column 8)  (Column 1) (Column 8) (Column 8) (Column 8)  (Column 1) (Column 8) (Column 8) (Column 8)  (Column 8) (Column 8) (Column 8) (Column 8) (Column 8)  (Column 8) (							حيو
			النينسيب	+130=		OR	+260=	-
a If the difference in colu	TOTAL		OR	TOTAL	50/20			
CLAIM	S AS AMENDED	- PART II					OTHER	
	The state of the s		(Column 3)	SWALL		OR I	SWALL	
REM.	AINING TER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	1 2 2 2 2 2	RATE	ADD TION FEE
	177	· doing	- / 8	X\$9=		200	X\$18≒	
2	The second secon	4/3						
<b>是为3.11年20日</b>	24 - 35 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15			X39=		OH	¥78= -	-
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9 1000		** <b>5</b> 2 :	-	- 30\$19≘	12	ŌĒ	X318~	
Hamman P T	l lunes :	···19	-	X89±		OH	100E	
HIRST PRESENTATION	MOFWOMPLE DEP	NDENT CLAIM		1	7			·
A STATE OF THE STA	The second section to the second			<b>≉430</b> ≓		90	2260=	
				ADDIT: FEE	أم يدوسونا	OH!	DOID SEE	1
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	TER WIRMIN	PREVIOUSLY	EXTRA	RATE	TIONAL	- 2	RATE	TION
3		, va · · · ·			FEE		A/A	FEE
Total P				X\$ 9=		OR	<b>X\$18</b> ≅	
independent p			-	X39=		OR	X78≃	<u> </u>
-   FIRST PRESENTATIO	IM OF MINITIBLE DED	FUNDER! CYNIM	لننسب	(400-			+260=	
n ooma salaska salissa s 4-7-	and thing the milia to and a	no of the other e or	umii 3.	+130=		OR	المعدية في ويورز تبشو الله ما والم	جنب
co if the Transet Number Previously Pald For IN THIS SPACE is less than 20, anior 20."				ADDIT PEE	المتعب	OR /	TOTAL	
The Highest Number Pro	Mously Paid For (N THIS viously Paid For (Total or	i SPACE is less that Independent) is the	n 3, enter 3. 'highest nuræsær			ici col	umn f.	
			<u> </u>				···	No.
GRM PTO-078	The state of the s		n jor zeki≹	Testa tind Streets	W. County our	KDEP	CAST WENT OF	\$2°+001

FORM PTO-078 --